



City of Greenville NC
P.O Box 7207, Greenville NC 27835
Outside City ETJ Registration Form

The information requested must be furnished before license will be issued. All sales or receipts information is confidential. If license is based on annual sales and/or gross receipts, fees must be computed. See annual fee schedule below to compute tax.

NEW BUSINESS: PHONE#: FED TAX ID#: _____
LLC _____ Corporation _____ Partnership _____ Sole Proprietorship _____

BUSINESS NAME: _____

MAILING ADDRESS: _____

BUSINESS ADDRESS: _____

CITY: STATE: ZIP: _____
OWNER'S NAME: Email: PHONE: _____

OWNERS HOME ADDRESS: STATE: ZIP: _____
Last 4 Digits SSN: DOB: DRIVERS LIC#: _____

OWNERSHIP STATUS: Please check one which represents 51% ownership and control of above firm.
AFRICAN AMERICAN _____ AMERICAN INDIAN _____
ASIAN AMERICAN _____ HISPANIC OR LATINO _____
FEMALE (NON-MINORITY) _____ MALE (NON-MINORITY) _____
DISABLED _____ SOCIALLY & ECONOMICALLY DISADVANTAGED _____ OTHER _____

Estimated GROSS SALES/BUSINESS RECEIPTS: TAX AMOUNT:

Annual gross sales/receipts not exceeding \$25,000 yearly (\$50). Each additional \$1,000 or fraction thereof per \$1,000 (\$.50). The maximum tax under this section shall not exceed \$2,000 for each location regardless of amount of gross income

Retail/ Merchant \$ _____ \$ _____
Description of provided Service: \$ _____

STATE MANDATED FEES:

STATE LICENSED Bldg Contractor# _____ ELEC# _____ HT/AIR# _____ Plumbing# _____
(<2 pp \$25.00, > 2pp \$50.00)

By signing this application, it is understood by the applicant that the issuance of a privilege license here under does not constitute acceptance or approval of the named location has having complied with existing building codes or fire protection codes. A licensee shall remain fully liable and responsible for bringing the premises in conformity with all applicable City of State Codes.

FIRM NAME: Signature: _____
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